POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	J. B.	*(handwritten)* 9-28-00	
O.I.P.E. CLASSIFIER		12	10/3
FORMALITY REVIEW		*(handwritten)*	11-16
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
—	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

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If more than 150 claims or 10 actions
staple additional sheet here

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